

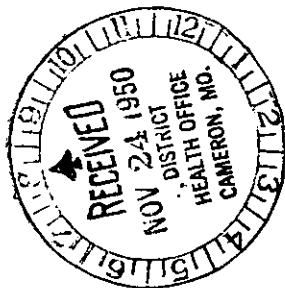
FILED NOV 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 36568

BIRTH NO. _____		REG. DIST. NO. <u>19</u>		PRIMARY REG. DIST. NO. <u>6376</u>		Registrar's No. <u>58</u>	
1. PLACE OF DEATH a. COUNTY <u>DEKALB</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DEKALB</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GRANRIVER</u>		c. LENGTH OF STAY (in this place) <u>41 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL GRANRIVER</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0320</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>FIELD</u>		c. (Last) <u>ARNOLD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 8-1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 4, 1886</u>	
9. AGE (In years last birthday) <u>64</u>		10. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>BETHANY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>BETHANY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph J. Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Corbelia Whitaker</u>		14. NAME OF HUSBAND OR WIFE <u>James A. Arnold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH <u>One hour</u>	
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 8</u> , 19 <u>50</u> , to <u>Nov 8</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. S. Hale Coroner MD</u> (Degree or title)				23b. ADDRESS <u>Osborne MO</u>		23c. DATE SIGNED <u>Nov. 10-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov. 10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OSBORN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OSBORN - MO</u>	
DATE REC'D BY LOCAL REG. <u>11-18-50</u>		REGISTRAR'S SIGNATURE <u>James Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DeMoss CRUNK CAMERON MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



MAR 2 5 1953

DEC 8 1950

MAR 2 5 1953

NOV 2 6 1952

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____
Signature *[Handwritten Signature]*
Licensed Embalmer No. *2533*
P. O. Address *Common Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.